



State of Connecticut Office of Health Care Access CON Determination Form Form 2020

2005 AUG 18 PM 2:51
HEALTH CARE ACCESS

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Completed forms should be submitted to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS#13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. PETITIONER INFORMATION

If more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below:

	Petitioner	Petitioner
Full legal name	Orthopedic Associates of Hartford, P.C.	
Doing Business As	Orthopedic Associates Surgery Center	
Name of Parent Corporation	N/A	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	1111 Cromwell Avenue Suite 100 Rocky Hill, CT 06067	
Petitioner type (e.g., P for profit and NP for Not for Profit)	P	
Name of Contact person, including title	Mr. Timothy Taylor Practice Administrator	
Contact person's street mailing address	85 Seymour Street Suite 607 Hartford, CT 06106	
Contact person's phone, fax and e-mail address	Phone: (860) 549-3210 Fax: (860) 241-1177 Email: TTayloroah@aol.com	

SECTION II. GENERAL PROPOSAL INFORMATION

- a. Proposal/Project Title: Operating Room Reconfiguration
- b. Location of proposal (Town including street address): 1111 Cromwell Avenue, Rocky Hill, CT 06067
- c. List all the municipalities this project is intended to serve: The greater Hartford area, including all municipalities where the physician/owners' patients reside.
- d. Estimated starting date for the project: September 1, 2005
- e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

<input type="checkbox"/> <input type="checkbox"/> E P	<input type="checkbox"/> <input type="checkbox"/> E P	<input type="checkbox"/> <input type="checkbox"/> E P
<input type="checkbox"/> <input type="checkbox"/> Acute Care Hospital	<input type="checkbox"/> <input type="checkbox"/> Imaging Center	<input type="checkbox"/> <input type="checkbox"/> Cancer Center
<input type="checkbox"/> <input type="checkbox"/> Behavioral Health Provider	<input checked="" type="checkbox"/> <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> <input type="checkbox"/> Primary Care Clinic
<input type="checkbox"/> <input type="checkbox"/> Hospital Affiliate	<input type="checkbox"/> <input type="checkbox"/> Other (specify): _____	

SECTION III. EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure/Cost: \$ 250,000.00
- b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$ 75,000.00
Medical Equipment (Purchase)	\$290,100.00
Imaging Equipment (Purchase)	N/A
Non-Medical Equipment (Purchase)	\$ 94,200.00
Sales Tax	(included)
Delivery & Installation	(included)
Total Capital Expenditure	\$459,300.00
Fair Market Value of Leased Equipment	N/A
Total Capital Cost	\$459,300.00

Major Medical and/or imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☒ Operating Funds ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROPOSAL DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Will you be charging a facility fee?
4. Who is the current population served and who is the target population to be served?
5. Who will be providing the service?
6. Who are the payers of this service?

SECTION V. AFFIDAVIT

Applicant: Orthopedic Associates of Hartford, P.C.

Project Title: Operating Room Reconfiguration

I, Timothy Taylor, Practice Administrator
Timothy Taylor Practice Administrator

of Orthopedic Associates of Hartford, P.C. being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that Orthopedic Associates Surgery Center complies with the appropriate and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

[Signature]
Signature

8/18/05
Date

Subscribed and sworn to before me on 8/18/05

[Signature]
Notary Public/Commissioner of Superior Court

My commission expires: _____

Section IV. Project Description

Orthopedic Associates Surgery Center, an ambulatory surgery center located in Rocky Hill, is planning on reconfiguring space within its existing facility. Currently, the Center provides orthopedic surgical services and is used only by the physicians of Orthopedic Associates of Hartford ("OAH"). The project will not involve changing the scope of operations conducted at the Center, the location of the Center, nor will it involve expanding the space the Center occupies. It will continue to operate at 1111 Cromwell Avenue in Rocky Hill, CT. This project also will not affect the identity of the surgeons using the Center.

The Center has been established within the space indicated to the Office of Health Care Access ("OHCA") in lease agreements and other supporting documentation provided in Determination Report No. 03-301080DTR. Within that space, there are two fully staffed and licensed operating rooms and space utilized at present as minor procedure operatories. OAH is undertaking certain modest reconfigurations and equipment installations so as to make two procedure rooms operating rooms that can be used in efficient and full rotation with its existing two operating rooms. This will entail only a modest reconfiguration, as the rooms were developed initially consistent with the footprint for operating room space, in part so as to afford the capacity with the Center for cost-effective accommodation of OAH surgical volume demands.

The project will cost approximately \$459,000.00, and, as noted above, will not involve changing the footprint of the Center as presented to OHCA in prior submissions. The cost represents modest renovations and minor equipment purchases necessary to reconfigure the two procedure rooms to be utilized in conjunction with the currently employed operating rooms at the Center. This project will not involve the acquisition of any major medical equipment. The procedure rooms, as mentioned above, are currently part of the Center and utilized for minor procedures. No new equipment is planned at this time other than minor equipment acquisitions that are part of the renovation plan.

The project will allow for greater flexibility and efficiency in the operation of the Center due to the ability to shift activity between rooms and more expeditiously prepare and clean surgical venues. All this should lead to greater efficiency, patient access and satisfaction.

To reiterate, we are not seeking approval in this project for the provision of any services by any physicians outside of OAH. There also will not be any expansion of the roster of clinical services provided at the Center. The project involves no capital expenditures in excess of applicable thresholds and no acquisitions of major medical equipment. Also, no licensure categories will be added or changed.



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

September 9, 2005

Timothy Taylor
Practice Administrator
Orthopedic Associates of Hartford, P.C
85 Seymour Street, Suite 607
Hartford, CT 06106-5501

Re: Orthopedic Associates of Hartford, P.C
CON Determination Report 05-30576-DTR
Proposal to add two additional operating rooms to ambulatory surgery center located in
Rocky Hill

Dear Mr. Taylor:

On August 18, 2005, the Office of Health Care Access ("OHCA") received your Certificate of Need ("CON") Determination Form 2020 concerning a CON determination for the addition of two operating rooms to your outpatient surgical facility. Upon review of the information contained in Form 2020, OHCA finds the following:

1. Orthopedic Associates of Hartford, P.C. ("OAH"), operates a single-specialty ambulatory surgery center ("Center") at 1111 Cromwell Avenue, Rocky Hill, Connecticut.
2. OAH proposes to construct and equip two additional operating rooms at the Center to accommodate surgical volume demand.
3. OHCA authorized an exception to the CON process to the Center on June 30, 2003, under CON Determination Report 03-30108-DTR.
4. The addition of two operating rooms changes the scope of the facility authorized under CON Determination Report 03-30108-DTR.

An Equal Opportunity Employer
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Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688
Fax: (860) 418-7053

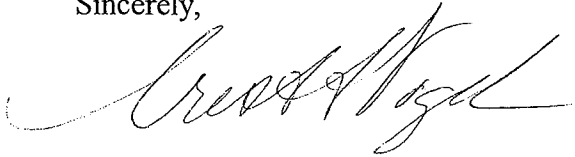
5. The total proposed capital expenditure for the proposal is \$459,300 for renovations and minor equipment purchases.
6. Section 19a-638 of the Connecticut General Statutes ("C.G.S.") states, in part, that each health care facility which intends to introduce any additional function or service shall submit to OHCA a request for permission to undertake such function or service.

Based on the above findings, OHCA has determined that the proposal of OAH to add two operating rooms to its outpatient ambulatory surgical center at 1111 Cromwell Avenue, Rocky Hill, Connecticut, for a total capital expenditure of \$459,300, represents the introduction of an additional function by expanding the scope of the facility. Pursuant to Section 19a-638 of the C.G.S., CON approval by OHCA is required for OAH to add two operating rooms in Rocky Hill.

OHCA considers the submission of information received on August 18, 2005 as the Letter of Intent for this matter; therefore OAH may file a completed CON application with OHCA between October 17, 2005, and December 16, 2005. The CON application will be mailed to you under separate cover.

If you have any questions concerning this letter or the Certificate of Need process, please contact Laurie Greci, Associate Research Analyst, at (860) 418-7001.

Sincerely,



Cristine A. Vogel
Commissioner

CAV:lkq